

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> <div style="font-size: 1.2em; font-family: cursive;">10-069574</div>	<small>FILED DATE</small>					
							<small>APPLICANT(S)</small>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
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TOTAL IND.	↓		↓		↓		TOTAL IND.	↓		↓		↓	
TOTAL DEP.		12		12		12	TOTAL DEP.		12		12		12
TOTAL CLAIMS		13		13		13	TOTAL CLAIMS		13		13		13